

APPLICATION FOR THESIS/IS DEFENSE

PERSONAL INFORMATION		THESIS/IS TITLE
FIRST NAME		<input type="checkbox"/> Proposal <input type="checkbox"/> Final
LAST NAME		
ID NUMBER		
EVALUATION OF RECORDS (DO NOT FILL)		Thesis/IS Committee
Passed Proposal Defense	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Chair:
Enrolled in Thesis/IS	<input type="checkbox"/> Yes _____ credits in semester _____ <input type="checkbox"/> No <input type="checkbox"/> N/A	Advisor:
		Member:
Evaluated by the Program:	_____ Signature/Date	For Advisor I certify that I have read the thesis/IS manuscript presented by the student in connection with this application for proposal/final defense and classify the same as eligible for defense within the schedule/deadlines set by the Program.
Student:	_____ Signature/Date	
Approved by Associate Dean for Academic and International Affairs:	_____ Signature/Date	Approved by Dean: _____ Signature/Date